

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-878)**

SERIAL NO. **099155590**

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT									
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.	
1	1													
2		1												
3		1												
4		3												
5		0												
6		0												
7		0												
8		0												
9	1													
10	1													
11		1											2	
12		1											2	
13		3											2	
14		0											2	
15		0											2	
16		0												
17		0												
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19		0												
20		0												
21		0												
22		0												
23		3												
24		3												
25		0											2	
26		0												
27		0												
28	1													
29														
30		1												
31		2												
32		0											2	
33		0											2	
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36		0												
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50		0												
TOTAL IND.														
TOTAL DEP.														
TOTAL CLAIMS														
51		1												
52		0												
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99														
100														
TOTAL IND.		6											2	
TOTAL DEP.		68											32	
TOTAL CLAIMS		74											34	